FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030178 (5)**

1. Corporation Name

ALFRED J. LAVIERI & SONS, INC.

Principal Place of Business	Mailing Address
~~300 SOMERSET WAY~~ ~~FORT LAUDERDALE FL 33326~~	~~300 SOMERSET WAY~~ ~~FORT LAUDERDALE FL 33326~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8315 NW. 64th STREET	26 8315 NW. 64th STREET
22 Suite, Apt. #, etc. APT. #3	27 Suite, Apt. #, etc. APT. #3
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33166 / 25 Country	29 Zip 33166 / 30 Country

4. FEI Number: 65-0483781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAVIERI, ALFEDO J ~~9010 NE 207TH CT.~~ ~~SUITE 2200~~ ~~AVENTURA FL 33180~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10440 SW 156th COURT 83 APT. #719 84 City MIAMI **FL** 85 Zip Code 33196

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	LAVIERI, ALFREDO J	1.2 NAME	
STREET ADDRESS	~~9010 NE 207TH CT., S-2200~~	1.3 STREET ADDRESS	10440 SW. 156th COURT.,#719
CITY-ST-ZIP	~~AVENTURA FL 33180~~	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	LAVIERI, JEANETTE	2.2 NAME	
STREET ADDRESS	~~9010 NE 207TH CT., S-2200~~	2.3 STREET ADDRESS	10440 SW 156th COURT.,#719
CITY-ST-ZIP	~~AVENTURA FL 33180~~	2.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfredo J. Lavieri, Director — 3/23/95 (305) 388-0051
Date (Daytime Phone #)

0214480 CP